SERFF Tracking Number: TAPK-126685413 State: Arkansas
Filing Company: American Home Life Insurance Company State Tracking Number: 46000

Company Tracking Number:

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Increasing death benefit life

Project Name/Number: /

### Filing at a Glance

Company: American Home Life Insurance Company

Product Name: Increasing death benefit life SERFF Tr Num: TAPK-126685413 State: Arkansas

TOI: L08 Life - Other SERFF Status: Closed-Approved- State Tr Num: 46000

Closed

Sub-TOI: L08.000 Life - Other Co Tr Num: State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Author: Suzanne Heasley Disposition Date: 06/22/2010

Date Submitted: 06/21/2010 Disposition Status: Approved-

Closed

Implementation Date Requested: Implementation Date:

State Filing Description:

#### **General Information**

Project Name: Status of Filing in Domicile: Project Number: Date Approved in Domicile:

Requested Filing Mode: Domicile Status Comments:

Explanation for Combination/Other:

Market Type:

Submission Type: Group Market Size:

Overall Rate Impact: Group Market Type:

Filing Status Changed: 06/22/2010 Explanation for Other Group Market Type:

State Status Changed: 06/22/2010

Deemer Date: Created By: Suzanne Heasley
Submitted By: Suzanne Heasley Corresponding Filing Tracking Number:

Filing Description:

See attached submission letter

# **Company and Contact**

#### **Filing Contact Information**

 Suzanne Heasley,
 Uheas@aol.com

 2325 Havard Oak Drive
 972-398-3733 [Phone]

 Plano, TX 75074
 972-398-3733 [FAX]

**Filing Company Information** 

SERFF Tracking Number: TAPK-126685413 State: Arkansas
Filing Company: American Home Life Insurance Company State Tracking Number: 46000

Company Tracking Number:

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Increasing death benefit life

Project Name/Number:

(This filing was made by a third party - tallenpark)

American Home Life Insurance Company CoCode: 83860 State of Domicile: Arkansas

1920 North Main Street Group Code: Company Type:
North Little Rock, AR 72114 Group Name: State ID Number:

(501) 758-1778 ext. [Phone] FEIN Number: 71-0359418

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# **Filing Fees**

Fee Required? Yes

Fee Amount: \$300.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

American Home Life Insurance Company \$300.00 06/21/2010 37346808

Company Tracking Number:

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Increasing death benefit life

Project Name/Number:

# **Correspondence Summary**

### **Dispositions**

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	06/22/2010	06/22/2010

Company Tracking Number:

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Increasing death benefit life

Project Name/Number: /

# **Disposition**

Disposition Date: 06/22/2010

Implementation Date: Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Company Tracking Number:

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Increasing death benefit life

Project Name/Number: /

Schedule Item	Schedule Item Status Public Access
Flesch Certification	Yes
Application	Yes
Authorization	Yes
Submission letter	Yes
Actuarial	No
Increasing death benefit life	Yes
Schedule pages for 5 years	Yes
Schedule pages for 10 years	Yes
Schedule pages to age 65	Yes
Schedule pages for lifetime	Yes
Required Notice	Yes
	Flesch Certification Application Authorization Submission letter Actuarial Increasing death benefit life Schedule pages for 5 years Schedule pages for 10 years Schedule pages to age 65 Schedule pages for lifetime

Company Tracking Number:

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Increasing death benefit life

Project Name/Number: /

# **Form Schedule**

#### **Lead Form Number:**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	208-2-10	Policy/Contract/Fraterral Certificate	t Increasing death h benefit life	Initial		54.000	208-2-10 policy 001.pdf
	208-2-10 page 3 and 4	Schedule I Pages	Schedule pages for 5 years	5 Initial			208-2-10 schedule pages 5 years 001.pdf
	208-2-10 page 3 and 4	Schedule I Pages	Schedule pages for 10 years	Initial			208-2-10 schedule pages 10 years 001.pdf
	208-2-10 page 3 and 4	Schedule I Pages	Schedule pages to age 65	Initial			208-2-10 schedule pages to age 65 001.pdf
	208-2-10 page 3 and 4	Schedule I Pages	Schedule pages for lifetime	Initial			208-2-10 schedule pages lifetime 001.pdf
	ARK-NOT	Other	Required Notice	Initial			Arkansas Notice.pdf

# AMERICAN HOME LIFE INSURANCE COMPANY 1920 North Main Street North Little Rock, Arkansas 72114

# Whole Life Insurance Policy

AMERICAN HOME LIFE INSURANCE COMPANY, hereinafter called the Company, will pay the death benefit of this policy upon the death of the Insured. Such payment and all other rights, options and benefits are subject to the terms of this policy.

#### Ten Day Right to Cancel Policy

WiTHIN 10 days after this policy is first received, it may be cancelled for any reason by returning it to the agent through whom it was purchased or to the Company's Home Office. The return of this policy will void it from the beginning. The Company will refund all payments made for this policy within ten days after it receives the returned policy and request for cancellation.

This policy is a legal contract between the policy Owner and the Company.

Read your policy carefully.

Premium payable for the period shown on page 3. Death Benefit payable upon death of Insured, Nonparticipating -- No annual dividends.

SIGNED for the Company at its Home Office on the date of issue.

pued black

Secretary

John S. Smith

Form 208-2-10

#### **GUIDE TO POLICY PROVISIONS**

#### **Provision**

#### Page

Benefits and Premium Schedule	3
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Policy Loans	7
Death Benefit	6
Default or Surrender Options	7
Definitions	5
General Provisions	8
Premiums	5
Settlement Options	9
Table of Policy Values	4

#### **DEFINITIONS**

In the event of an inconsistency between these definitions and other provisions of this policy, the other provisions shall control.

Policy Date. The date from which policy anniversaries and policy years are measured. Policy values are computed using the policy date shown on page 3.

Company. American Home Life Insurance Company.

Contestability. The legal ability of the Company to contest the validity of the policy and not pay proceeds.

Date of Issue. The date this policy was signed by the Company. Contestability and suicide periods are measured using the date of issue shown on page 3.

Home Office. Home Office of the Company, located at 1920 North Main Street. North Little Rock, Arkansas 72114.

Indebtedness. Any indebtedness secured by this policy. Indebtedness equals the principal of any outstanding loan under this policy with interest due or accrued on the loan.

Irrevocable Beneficiary. A type of beneficiary whose written consent is required if the Policy Owner wants to change the beneficiary or to exercise other rights and options of the policy.

Net Cash Value. The Cash Value of this policy less any indebtedness against it. This amount is payable upon policy surrender.

Payes. The person or institution to whom payments are made.

Written Request. Information given to the Company in writing in a form satisfactory to the Company. A written request takes effect when the Company receives it at the Home Office.

#### PREMIUMS

The initial premium is due on the policy date. It is payable on or before delivery of the policy. Each succeeding premium is due and payable at the end of the period for which the last premium was paid. Premiums are payable for the period shown on page 3.

Premiums are payable at the Company's Home Office in United States currency. Premium may be paid to an authorized Company agent, who will provide a receipt. The receipt must be signed by the President or Secretary of the Company. The receipt must be countersigned by the agent who receives the payment.

Premiums may be paid annually, semiannually, quarterly or monthly. The method of payment may be changed at the beginning of any policy year, upon approval of the Company.

Grace Period. A grace period of 31 days is allowed for each premium payment after the first. A policy will continue in force during this 31-day period. If the premium is not paid by the end of the grace period and is not paid by automatic premium loan, this policy will terminate as provided by the Default or Surrender Options provision.

Reinstatement. This policy may be reinstated at any time within five years after default in premium payment, but not if the policy was surrendered for cash. Requirements for reinstatement are: a. written request for reinstatement; b. presentation of evidence of insurability satisfactory to the Company; c. payment of all overdue premiums; d. payment or reinstatement of indebtedness; and e. payment of interest on all overdue premiums and indebtedness at the rate of 6% per year compounded annually.

#### **DEATH BENEFIT**

The Company will pay the death benefit to the beneficiary in one payment. This payment will be made when the Company receives proof satisfactory to it that the Insured died while this policy was in force. If the Company does not pay the proceeds including premium refunds due at death, within 30 days following receipt of proof of death, interest will be paid on proceeds as required by State law. The Company will refund to the beneficiary all premiums paid for any period beyond the end of the policy month in which the insured died.

The death benefit equals: a, the insurance Amount on the day the insured dies; plus b, any insurance on the insured's life provided by riders; less c, any indebtedness; and less d, any premium due if the insured dies during the grace period.

The Insurance Amount will equal the Face Amount then in force, as shown in the Table of Policy Values on page 4.

**Beneficiary**. The beneficiary shall be the person or persons the Owner names in the application for the policy, or changes by written request, signed while the Insured is living. The beneficiary will receive the proceeds of this policy upon the death of the Insured. The consent of any beneficiary other than an irrevocable beneficiary is not required to change the beneficiary designation.

A beneficiary designation or change shall become effective on the date it is signed by the Owner. However, the Company will not be liable for any action taken or payment made before it records notice of the change of beneficiary at its Home Office.

If the Owner designates more than one person as beneficiary, the interest of the beneficiaries shall be equal unless the beneficiary designation expressly provides otherwise. The share of any beneficiary who predeceases the Insured shall be distributed equally among the remaining beneficiaries unless the beneficiary designation expressly provides otherwise.

If the Insured dies and no designated beneficiary lives to receive payment, proceeds will be paid to the Owner, or to the Owner's estate.

#### **CASH VALUE**

The Cash Values are shown in the Table of Policy Values on page 4. Each value shown in the Table assumes: a. all premiums have been paid to the end of the policy year shown; and b. there is no indebtedness.

The net cash value of this policy equals the Cash Value of the policy less its indebtedness. This policy may be surrendered for its net cash value at any time prior to termination of coverage under this policy upon receipt of: a. written request from the Owner; and b. the policy by the Company at its Home Office.

Basis of Policy Values. The mortality table, interest rate and method of computation of guaranteed nonforfeiture values is shown on Page 3. All guaranteed values are at least equal to those required by the state in which this Policy is delivered. A detailed statement of the method of computing guaranteed nonforfeiture values for this Policy has been filled with the Insurance Department of the state in which this Policy is delivered.

The guaranteed nonforfeiture values of this Policy are shown in the Table of Policy Values on Page 4. The Company will furnish any policy values not shown in the table upon request. Allowance will be made for elapsed time and premiums paid when calculating values between policy anniversaries.

#### **DEFAULT OR SURRENDER OPTIONS**

A premium will be in default if not paid by the end of its grace period. The default date will be the premium due date. Default will terminate this policy except as provided by the options below. The Owner may elect an option by written request. The election must be within 60 days after the date of default, and while the Insured is alive. If such election is not made, the paid-up insurance option will be automatic.

Option 1. Paid-Up Insurance. This policy may be continued as nonparticipating paid-up life insurance from the date of default.

The paid-up insurance will be an amount of insurance determined by dividing the net cash value on the date of default by the net single premium.

The quaranteed paid-up insurance amounts, assuming no indebtedness, are shown on page 4.

Option 2. Surrender for Cash. This policy may be surrendered for its net cash value as of the default date. The net cash value as of a policy anniversary will be paid when the policy is surrendered within 31 days of the anniversary if: a. the policy is paid-up because premium payments have been completed; or b. the policy is continued under Option 1.

The Company must receive the policy at its Home Office before it can be surrendered.

#### **POLICY LOANS**

The Owner may obtain a policy loan from the Company on the sole security of the policy, if: a. the Owner makes written request for a loan; b. the policy has a loan value; c. the policy is in force.

The loan value on any date equals: a, this policy's Cash Value as of the next policy anniversary; less b, any outstanding policy loan; and c, any loan interest to the next policy anniversary.

Interest, payable in advance, will be charged on a loan from the loan date. Interest is due and payable on each policy anniversary. The effective interest rate will be 8% per year. i.e., 7.41% in advance. Interest not paid when due will be added to the existing loan. Such interest will bear interest at the same rate.

A policy will terminate any time its indebtedness equals or exceeds the Cash Value.

All or part of a loan may be repaid at any time. The Insured must then be alive. The policy must then be in force. Any partial payment must be at least \$25.

Automatic Premium Loan. Any premium not paid before the end of its grace period will be automatically paid by charging the premium due, with interest, as a policy loan against this policy, if: a. automatic premium loan has been elected in the application or by written request received before the end of the grace period of the unpaid premium; and b. the resulting indebtedness does not exceed the loan amount available.

Interest will be charged on the automatic premium loan from the premium due date to the next following policy anniversary. Such loan shall be subject to the same conditions as other policy loans

If the premium due cannot be paid by automatic premium loan, the Default or Surrender Options provision will apply.

Election of the automatic premium loan provision may be cancelled at any time by written request...

#### **GENERAL PROVISIONS**

Age-Sex. The Insured's issue age is the age at last birthday on the policy date. If the age or sex of the Insured has been misstated, any benefits and Cash Values will be those the premiums paid would have provided for the correct age and sex.

**Assignment.** This policy may be assigned by the Owner. An assignment will be binding on the Company only if it is in writing and only when it is received at the Company's Home Office. The Company is not responsible for the validity or sufficiency of an assignment. All rights, options and benefits of the Owner and any beneficiary are subject to any assignment.

**Change in Policy**. Any change in the terms of this policy must be made in writing. Only the President or Secretary of the Company is authorized to change or waive the terms of the policy. The Company will not be bound by any promises or representations made by any agent or other person.

Contestability. All statements made in the applications shall be considered representations and not warranties. Statements may be used in defense of a claim or of the validity of this policy only if they are contained in the application. Except for nonpayment of premiums, this policy will not be contestable after it has been in force during the lifetime of the Insured for 2 years from the Date of Issue.

**Deferment.** A policy loan or the payment of cash on partial or complete surrender of the policy may be postponed by the Company for not more than six months from the date the request for loan or surrender is received at its Home Office. If payment of cash on surrender of any policy is postponed more than 30 days, interest at a rate of at least 4-1/2% per year on the then Net Cash Value will be paid from the date of surrender to the date of payment.

Entire Contract. This policy is issued in consideration of the application, and payment of the initial premium. All of the pages of this policy, the application, a copy of which is attached at issue, and all endorsements and riders which are imprinted or attached make up the entire contract.

This policy describes the benefits provided to the Owner.

**Nonparticipating.** This policy provides nonparticipating insurance. It does not pay dividends or participate in the divisible surplus of the Company.

Owner. The Owner of this policy is as named in the application or as changed by written request. The Owner, by written request signed while the Insured is living, may exercise every right and option and receive every benefit provided by this policy. If an Owner other than the Insured dies while the Insured is living, all rights and options of that Owner shall belong to the Owner's executors or administrators unless otherwise provided.

Suicide. If the Insured commits suicide within 2 years from the Date of Issue, the liability of the Company under this policy will be limited to the premiums actually paid less any indebtedness.

#### SETTLEMENT OPTIONS

Instead of one payment, all or part of the policy proceeds may be paid by one or more of the settlement options in this provision if the rules below are followed.

The Owner may, by written request, make, change or revoke a settlement option election while the Insured is alive and before the proceeds are paid by the Company. Following the death of the Insured, and before the proceeds are paid by the Company, the beneficiary may elect an option by written request if the Owner did not do so or may change an election only if permission was given in the Owner's election. A change in beneficiary automatically cancels a previous settlement option election.

Proceeds payable under any settlement option must be at least \$2,000, and periodic payments to any payee must be at least \$25. Withdrawal of proceeds may be made in amounts of at least \$100 under Option 1.

An assignee's portion of proceeds must be paid in one payment. The balance of proceeds may be paid by settlement options. If proceeds are payable to an administrator, association, corporation, executor, partnership or trustee, one payment will be made unless the Company agrees to payment under settlement options.

No part of any settlement option payments may be alienated, anticipated, assigned, commuted, encumbered or withdrawn, unless allowed in the settlement option election.

- 1. Interest Options a. Interest is compounded annually on the proceeds held by the Company. Both principal and total interest are paid at the end of an agreed upon period, or at the time such principal and interest being held by the Company becomes less than \$2,000, if earlier, b. Interest is paid at the end of each month on the proceeds held by the Company. The principal and any unpaid accrued interest are paid at the end of an agreed upon period or at the time such principal and interest being held by the Company become less than \$2,000, if earlier.
- 2 Installment Options a. Installments are paid at the beginning of each month in an amount agreed upon until the proceeds and compounded interest are all paid out. b. Installments are paid at the beginning of each month over the time period agreed upon. Whenever installments payable are or become less than \$25, the balance of proceeds and interest will be paid at that time.
- 3. Life Income Options a. Installments at the beginning of each month are paid during the annuitant's lifetime, but are continued during the balance of the period certain. The monthly installment is found in the table below based upon the annuitant's age last birthday when installments begin. b. Installments at the beginning of each month are paid during the lifetime and end at the death of the annuitant. The monthly installment will be determined by the amount that the proceeds would provide using the Company's annuity rates in effect for the annuitant's age last birthday when installments begin.

Under this option, evidence of the annuitant's age satisfactory to the Company is required before the first installment is made. Also, the Company may require proof each time an installment is to be made that the annuitant is then alive.

4. Other Options. Any other options agreed to by the Company may be elected. The guaranteed effective annual interest rate under Options I and 2 is 2-1/2%. Interest in excess of 2-1/2% may be declared by the Company, at its sole discretion, to be payable under Options 1 and 2, and during the period certain under Option 3 (a).

Upon written request before payments begin, any option paying monthly installments may be changed to make quarterly, semiannual or annual installments.

# TABLES OF MONTHLY INSTALLMENTS FOR EACH \$1,000 OF NET PROCEEDS

## Option 2 (b)

No. of		No. of	
Years	Each	Years	Each
Speci-	Monthly	Speci-	Monthly
fied	Payment	fied	Payment
1	\$84.28	16	<b>\$</b> 6.30
2	42.66	17	6.00
3	28.79	18	5.73
4 5 6	21.86	19	5.49
5	17.70	20	5.27
6	14.93	21	5.08
7	12.95	<b>22</b>	4.90
8	11.47	23	4.74
9	10.32	24	4.60
10	9.39	25	4.46
11	8.64	26	4.34
12	8.02	27	4.22
13	7.49	28	4.12
14	7.03	29	4.02
15	6.64	30	3.93

# Option 3 (a) Monthly Life Income with Payments Certain

	ge of eficiary	10		Age of		10 E	Age of Seneficia 20			Be	Age of nefician	,			
Male	Female	Years		Male	Female	Years	Years	Mala	Female	10	20	8.4-1-		10	20
		. 54.5	. 00.0	141010	romane	i <del>u</del> ai s	T Dai S	Male	remale	Years	Years	Male	Female	Years	Years
5*	10°	\$2.62	\$2.60	25	20										
ĕ	11	2.63	2.61	25 26	30	\$3.07	\$3.05	45	50	\$4.09	\$3.90	65	70	\$6.30	\$4.98
6 7	12	2.65	2.63		31	3.11	3.08	46	51	4.17	3.95	<b>6</b> 6	71	6.45	5.02
Á	13			27	32	3.14	3.11	47	52	4.25	4.01	67	72	6.60	5.05
8	14	2.66 2.68	2.64	28	33	3.18	3.15	48	53	4.33	4.07	68	73	6.76	5.09
10	15		2.66	29	34	3.22	3.18	49	54	4.42	4.12	69	74	6.91	5.12
11		2.70	2.68	30	35	3.26	3.22	50	55	4.50	4.18	70	75	7.07	5.14
	16	2.72	2.70	31	36	3.30	3.25	51	56	4.60	4.24	71	76	7.23	5.17
12	17	2.73	2.71	32	37	3.34	3.29	52	57	4.69	4.30	72	77	7.38	5.19
13	18	2.75	2.73	33	38	3.39	3.33	53	58	4.79	4.36	73	78	7.54	5.20
14	19	2.77	2.75	34	39	3.43	3.37	54	59	4.90	4.41	74	79	7.69	5.22
15	20	2.60	2.78	35	40	3.48	3.41	55	60	5.01	4.47	75	80	7.84	5.23
16	21	2.82	2.80	36	41	3.53	3.45	56	61	5.12	4.53	76	81	7.98	5.23 5.24
17	22	2.85	2.83	37	42	3.59	3.50	57	62	5.23	4.59	77	82		
18	23	2.87	2.85	38	43	3.64	3.54	58	63	5.35	4.64	78		8.13	5.25
19	24	0.00		<del>-</del>	<del>-</del>						4.04	70	83	8.26	5.26
19	24	2.90	2.88	39	44	3.70	3.59	59	64	5.48	4.70	79	84	8.39	5.26
20	25	2.92	2.90	40	45	3.76	3.64	60	65	5.61	4.75	801	85!	0.54	E 07
21	26	2.95	2.93	41	46	3.82	3.69	61	<b>6</b> 6	5.74	4.80	OUI	03!	8.51	5.27
22	27	2.98	2.96	42	47	3.88	3.74	62	67						
23	28	3.01	2.99	43	48	3.95	3.79	63		5.87	4.85				
24	29	3.04	3.02	44	49	4.02			<del>6</del> 8	6.01		and un			
		J.U-	3.02	77	70	4.02	3.84	64	69	6.16	4.94	I and o	ver		

INITIAL AMOUNT AND BENEFIT

ANNUAL PREMIUM PREMIUM PERIOD

\$8,000 LIFE INSURANCE

\$2,300.40

5 YEARS

A Policy fee of \$50.00 is included in the annual premium.

**GUARANTEED NONFORFEITURE VALUES:** 

Interest Rate:

5%

Mortality Table:

1980 CSO ALB Sex-Distinct

Values Method:

Minimum Values - Standard Nonforfeiture Law

Insured: SAMPLE PLAN 20805

Initial Face Amount:

Premium Class: STANDARD

Annual Premium: \( \infty 2,300.40 \)

Policy Number

[\$8,000] Issue Age:

Policy Date: Policy Number:

Date of Issue:

TABLE OF POLICY VALUES

POLICY YEAR	I NSURANCE AMOUNT	CASH VALUE	PAID-UP Insurance
1	8,000	664.48	1,128
2	8,200	1,944.40	3,200
2 3	8,405	3,314.32	
4	8,615	4,789.52	5,328 7,530
5	8,831	6,390.08	7,520
6	9,051	6,572.40	9,056
7	9,278	6,746.32	PAID-UP
8	9,509		PAID-UP
š	9,747	6,908.80	PAID-UP
10		7,055.84	PAID-UP
11	9,991	7,182.96	PAID-UP
	9,991	7,307.84	PAID-UP
12	9,991	7,430.64	PAID-UP
13	9,991	7,550.96	PAID-UP
14	9,991	7,668.16	PAID-UP
15	9,991	7,781.04	PAID-UP
16	9,991	7,888.80	PAID-UP
17	9,991	7,990.96	PAID-UP
18	9,991	8,088.00	PAID-UP
19	9,991	8,180.72	PAID-UP
20	9,991	8,270.08	PAID-UP
21	9,991	8,357.76	PAID-UP
22	9,991	8,445.36	PAID-UP
23	9,991	8,535.12	PAID-UP
24	9,991	8,629.52	PAID-UP
25	9,991	8,731.92	PAID-UP

INITIAL AMOUNT
AND BENEFIT

ANNUAL PREMIUM PREMIUM PERIOD

\$8,000 LIFE INSURANCE

\$2,205.36

5 YEARS

A Policy fee of \$50.00 is included in the annual premium.

**GUARANTEED NONFORFEITURE VALUES:** 

Interest Rate:

5%

Mortality Table:

1980 CSO ALB Sex-Distinct

Values Method:

Minimum Values - Standard Nonforfeiture Law

Insured: SAMPLE PLAN 20805

Initial Face Amount: /\$8,000

Premium Class: STANDARD

Annual Premium: \$2,205.36

Policy Number:

Issue Age:

Policy Date:

Date of Issue:

123456

3/02/10

3/02/10

TABLE OF POLICY VALUES

			<del></del>
POLICY YEAR	INSURANCE AMOUNT	CASH VALUE	PAID-UP INSURANCE
1	8,000	586.64	4 4 2 0
1 2	8,200	1,776.16	1,128
2 3	8,405	3,037.20	3,304
1 4	8,615	4,377.36	5,480
5	8.831	5,806.64	7,656
	9,051	5,999.36	9,056
6 7	9,278	6,188.00	PAID-UP
8	9,509	6,370.00	PAID-UP
1 9	9,747	6,542.88	PAID-UP
10	9,991	6,703.44	PAID-UP
11	9,991		PAID-UP
12	9,991	6,862.40	PAID-UP
13	9,991	7,019.60	PAID-UP
14		7,174.40	PAID-UP
15	9,991	7,325.68	PAID-UP
16	9,991	7,472.16	PAID-UP
17	9,991	7,612.96	PAID-UP
L	9,991	7,747.76	PAID-UP
18	9,991	7,876.56	PAID-UP
19	9,991	8,000.00	PAID-UP
20	9,991	8,118.80	PAID-UP
21	9,991	8,234.24	PAID-UP
22	9,991	8,347.68	PAID-UP
23	9,991	8,460.80	PAID-UP
24	9,991	8,575.76	PAID-UP
25	9,991	8,695.28	PAID-UP /
			كسسه

INITIAL AMOUNT AND BENEFIT

\$8,000 LIFE INSURANCE

ANNUAL PREMIUM

PREMIUM PERIOD

10 YEARS

A Policy fee of \$50.00 is included in the annual premium.

GUARANTEED NONFORFEITURE VALUES:

Interest Rate:

5%

Mortality Table:

1980 CSO ALB Sex-Distinct

Values Method:

Minimum Values - Standard Nonforfeiture Law

Insured: SAMPLE PLAN 20810

Initial Face Amount:

Premium Class: STANDARD

Annual Premium:  $\int \$1,350.00$ 

Policy Number:

[158,000] Issue Age:

Policy Date:

Date of Issue:

TABLE OF POLICY VALUES

			***************************************
POLICY	INSURANCE	CASH	PAID-UP
YEAR	AMOUNT	VALUE	INSURANCE
1	8,000	84.96	144
2	8,200	730.64	1,208
3	8,405	1,401.28	2,256
4	8,615	2,099.12	3,296
5	8,831	2,827.28	4,344
6	9,051	3,590.32	5,392
7	9,278	4,395.36	6,472
8	9,509	5,252.72	7,584
9	9,747	6,176.00	8,752
10	9,991	7,182.96	9,992
12 13 14 15 16 17 18 19 20 21 22 23 24 25	9,991 9,991 9,991 9,991 9,991 9,991 9,991 9,991 9,991 9,991 9,991	7,307.84 7,430.64 7,550.96 7,668.16 7,781.04 7,888.80 7,990.96 8,088.00 8,180.72 8,270.08 8,357.76 8,445.36 8,535.12 8,629.52 8,731.92	PAID-UP

	AL AI BENE	
\$8,000	LIFE	INSURANCI

ANNUAL

A Policy fee of \$50.00 is included in the annual premium.

GUARANTEED NONFORFEITURE VALUES:

Interest Rate:

5%

Mortality Table:

1980 CSO ALB Sex-Distinct

Values Method:

Minimum Values - Standard Nonforfeiture Law

Insured: SAMPLE PLAN 20810 J Policy Number:
Initial Face Amount: \$8,000 J Issue Age:
Premium Class: STANDARD Policy Date: Annual Premium: \$1,350.00

Date of Issue:

TABLE OF POLICY VALUES

NSURANCE AMOUNT  8,000 8,200 8,405 8,615 8,615 8,831 9,051 9,278 9,509	CASH VALUE 53.20 669.52 1,312.24 1,982.08 2,679.60 3,406.56	PAID-UP INSURANCE 104 1,248 2,368 3,472 4,552 5,632
8,200 8,405 8,615 8,831 9,051 9,278	669.52 1,312.24 1,982.08 2,679.60 3,406.56	1,248 2,368 3,472 4,552
8,405 8,615 8,831 9,051 9,278	669.52 1,312.24 1,982.08 2,679.60 3,406.56	1,248 2,368 3,472 4,552
8,615 8,831 9,051 9,278	1,312.24 1,982.08 2,679.60 3,406.56	2,368 3,472 4,552
8,831 9,051 9,278	1,982.08 2,679.60 3,406.56	3,472 4,552
9,051 9,278	2,679.60 3,406.56	4,552
9,051 9,278	3,406.56	· · · · · · · · · · · · · · · · · · ·
9,278		
	4,166.16	6,704
	4,963.60	7,776
9,747	5,806.16	8,872
9,991	6,703.44	9,992
9,991	6,862.40	PAID-UP
9,991	7,019.60	PAID-UP
9,991	7,174.40	PAID-UP
9,991	7,325.68	PAID-UP
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	9,991 9,991 9,991 9,991 9,991 9,991 9,991 9,991 9,991	9,991 7,612.96 9,991 7,747.76 9,991 7,876.56 9,991 8,000.00 9,991 8,118.80 9,991 8,234.24 9,991 8,347.68 9,991 8,460.80 9,991 8,575.76

INITIAL AMOUNT AND BENEFIT

\$8,000 LIFE INSURANCE

ANNUAL PREMIUM

PREMIUM PERIOD

\$511.92

A Policy fee of \$50.00 is included in the annual premium.

GUARANTEED NONFORFEITURE VALUES:

Interest Rate:

5%

Mortality Table:

1980 CSO ALB Sex-Distinct

Values Method:

Minimum Values - Standard Nonforfeiture Law

Insured: SAMPLE PLAN 20865\_ Policy Number:

Initial Face Amount: [\$8,000] Issue Age:

Premium Class: STANDARD ]

Annual Premium:

Policy Date:

Date of Issue:

TABLE OF POLICY VALUES

POLICY YEAR	I NSURANCE AMOUNT	CASH VALUE	PAID-UP INSURANCE
1	8,000	.00	0
	8,200	76.40	240
2 3	8,405	330.00	1,000
4	8,615	592.24	1,728
5	8,831	863.04	2,432
6	9,051	1,142.24	3,112
7	9,278	1,429.68	3,760
8	9,509	1,725.20	4,392
9	9,747	2,028.80	4,992
10	9,991	2,340.64	5,576
11	9,991	2,664.08	6,144
12	9,991	3,000.08	6,704
13	9,991	3,349.60	7,264
14	9,991	3,713.60	7,808 /
15	9,991	4,092.96	8,352
16	9,991	4,488.88	8,896
17	9,991	4,902.88	9,440
18	9,991	5,336.96	PAID-UP
19	9,991	5,483.84	PAID-UP
20	9,991	5,631.04	PAID-UP
21	9,991	5,778.72	PAID-UP
22	9,991	5,926.80	PAID-UP
23	9,991	6,075.12	PAID-UP
24	9,991	6,222.96	PAID-UP
25	9,991	6,369.60	PAID-UP \
1			

INITI	AL	AMOU	ΝI
AND	BE	NEFIT	

\$8,000 LIFE INSURANCE \$511.92

ANNUAL PREMIUM PREMIUM PERIOD

TO AGE 65

A Policy fee of \$50.00 is included in the annual premium.

GUARANTEED NONFORFEITURE VALUES:

Interest Rate:

5%

Mortality Table:

1980 CSO ALB Sex-Distinct

Values Method:

Minimum Values - Standard Nonforfeiture Law

Insured: SAMPLE PLAN 20865 \( \) Policy Number:

Initial Face Amount: [\$8,000] Issue Age:
Premium Class: STANDARD Policy Date:

Annual Premium: \[ \frac{\$511.92}{}

Policy Date:

Date of Issue:

123456 47 FEMALE 3/02/10

TABLE OF POLICY VALUES

POLICY YEAR	I NSURANCE AMOUNT	CASH VALUE	PAID-UP INSURANCE
1	8,000	.00	0
	8,200	51.36	200
2 3	8,405	261.52	960
4	8,615	479.52	1,688
5	8,831	705.44	2,400
6	9,051	939.28	3,080
7	9,278	1,181.20	3,736
8	9,509	1,431.60	4,376
9	9,747	1,690.72	4,992
10	9,991	1,959.28	5,584
11	9,991	2,239.92	6,168
12	9,991	2,533.68	6,744
13	9,991	2,841.20	7,304
14	9,991	3,163.04	7,856
15	9,991	3,499.36	8,400
16	9,991	3.850.40	8,936
17	9,991	4,216.64	9,464
18	9,991	4.599.04	PAID-UP
19	9,991	4.748.88	PAID-UP
20	9,991	4,901.28	PAID-UP
21	9.991	5,056.88	PAID-UP
22	9,991	5,216.16	PAID-UP
23	9,991	5,379.12	PAID-UP
24	9,991	5,545.04	PAID-UP
25	9,991	5,713.12	PAID-UP

INITIAL AMOUNT AND BENEFIT

ANNUAL PREMIUM PREMIUM PERIOD

\$8,000 LIFE INSURANCE

[\$1,476.00]

LIFETIME

A Policy fee of \$50.00 is included in the annual premium.

**GUARANTEED NONFORFEITURE VALUES:** 

Interest Rate:

5%

Mortality Table:

1980 CSO ALB Sex-Distinct

Values Method:

Minimum Values - Standard Nonforfeiture Law

Insured: SAMPLE PLAN 20800

Initial Face Amount: [\$8,000]

Premium Class: STANDARD

Annual Premium: \$1,476.00

Policy Number:

Issue Age:

Policy Date:

Date of Issue:

123456

68 MALE

3/02/10]

3/02/10

TABLE OF POLICY VALUES

POLICY YEAR	INSURANCE AMOUNT	CASH VALUE	PAID-UP INSURANCE
1	8,000	.00	0
2 3	8,200	263.84	440
	8,405	665.60	1,072
4	8,615	1,064.56	1,672
5 6	8,831	1,457.20	2,240
6	9,051	1,839.76	2,768
7	9,278	2,208.48	3,256
8	9,509	2,560.32	3,696
9	9,747	2,891.84	4,096
10	9,991	3,199.28	4,456
11	9.991	3,501.28	4,792
12	9,991	3,798.24	5,112
13	9.991	4,089.36	5,416
14	9,991	4,372.88	5,704
15	9,991	4,645.92	5,968
16	9,991	4,906.48	6,216
17	9,991	5,153.68	6,448
18	9,991	5,388.32	6,664
19	9,991	5,612.48	6,856
20	9,991	5,828.80	7,048
21	9,991	6,040.80	7,224
22	9,991	6,252.72	7.400
23	9,991	6,469.76	7,576
24	9,991	6,698.16	7,760
25	9,991	6,945.68	7,952

INITIAL AMOUNT AND BENEFIT

INSURANCE

ANNUAL PREMIUM PREMIUM PERIOD

LIFETIME

A Policy fee of \$50.00 is included in the annual premium.

GUARANTEED NONFORFEITURE VALUES:

Interest Rate:

5%

Mortality Table:

1980 CSO ALB Sex-Distinct

Values Method:

Minimum Values - Standard Nonforfeiture Law

Insured: SAMPLE PLAN 20800

Initial Face Amount: [\$8,000] Issue Age:

Premium Class: STANDARD

Annual Premium: \$1,034.00

Policy Number:

Policy Date:

Date of Issue:

TABLE OF POLICY VALUES

			-
POLICY YEAR	INSURANCE AMOUNT	CASH VALUE	PAID-UP INSURANCE
1 2 3 4 5 6 7 8 9 10 11 12 13 14	AMOUNT 8,000 8,200 8,405 8,615 8,831 9,051 9,278 9,509 9,747 9,991 9,991 9,991 9,991 9,991		
16 17 18 19 20 21 22 23 24 25	9,991 9,991 9,991 9,991 9,991 9,991 9,991 9,991	5,015.20 5,297.12 5,566.72 5,824.96 6,073.60 6,315.20 6,552.40 6,789.12 7,029.76 7,279.84	6,312 6,584 6,832 7,064 7,280 7,480 7,664 7,848 8,024 8,192 8,368

## POLICYHOLDER POINTS OF CONTACT

#### **INSURANCE COMPANY**

American Home Life Insurance Company 1900 North Main / P.O. Box 715 North Little Rock, Arkansas 72115 Telephone: (501) 758-1778

#### **AGENT**

Name: \_\_\_\_\_\_American Home Life Insurance Company 1900 North Main / P.O. Box 715
North Little Rock, Arkansas 72115
Telephone: (501) 758-1778

If we at American Home Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

#### ARKANSAS DEPARTMENT OF INSURANCE

Arkansas Insurance Department Consumer Services Division 1200 West Third Street Little Rock, Arkansas 72201-1904 Telephone: 1-800-852-5494

AR-NOT

SERFF Tracking Number: TAPK-126685413 State: Arkansas
Filing Company: American Home Life Insurance Company State Tracking Number: 46000

Company Tracking Number:

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: Increasing death benefit life

Project Name/Number:

### **Supporting Document Schedules**

Item Status:	Status
	Date:

Satisfied - Item: Flesch Certification

Comments: Attachment:

208-2-10 readability 001.pdf

Item Status: Status

Date:

Satisfied - Item: Application

Comments:

See reference in submission letter

Item Status: Status

Date:

Satisfied - Item: Authorization

Comments:

Attachments:

AHLICAuthorization.pdf

L&EAuthorizationforSuzanne.pdf

Item Status: Status

Date:

Satisfied - Item: Submission letter

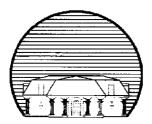
Comments: Attachment:

Submission letter.pdf

# **Readability Certification**

Insurance Company: American Home Life Insurance Company

Form Number 208-2-10	Description of Form	Score
200-2-10	Increasing Death Benefit Life Insurance Policy	54.0
I hereby certify that the abo	ve referenced form complies with the readability rec	ruirements of this State
anne Rowed Bla		amonio di uno diate.
Authorized Signature		
Anne Powell Black		
Name		
<u>President</u>		
Title		
June 20, 2010		
Date	<del>-</del>	



# American Home Life Insurance Company

May 14, 2010

Filing Authorization

Lewis & Ellis, Inc.

PO Box 851857

Richardson, TX 75085

To Whom It May Concern:

I hereby authorize Lewis & Ellis, Inc. (L&E) and any authorized representatives of L&E to submit state filings of insurance forms/rates/products on behalf of American Home Life Insurance Company.

This authorization includes the power to provide necessary assurances and certifications related to such forms, rates and or products except as prohibited by law.

This authorization is to be effective until revoked in writing by an authorized representative of American Home Life Insurance Company.

Dallas

Glenn A. Tobleman, F.S.A., F.C.A.S.
S. Scott Gibson, F.S.A.
Cabe W. Chadick, F.S.A.
Michael A. Mayberry, F.S.A.
Steven D. Bryson, F.S.A.
Gregory S. Wilson, F.C.A.S.
David M. Dillon, F.S.A.
Bonnie S. Albritton, F.S.A.
Brian D. Rankin, F.S.A.
Sarah A. Hoover, F.S.A.
Wesley R. Campbell, F.S.A.
Jacqueline B. Lee, F.S.A.
Robert E. Gove, A.S.A.
J. Finn Knox-Seith, A.S.A.
Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)



Kansas City
Gary L. Rose, F.S.A.
Terry M. Long, F.S.A.
David L. Batchelder, A.S.A.
Leon L. Langlitz, F.S.A.
Gary R. McElwain, FLMI
Christopher H. Davis, F.S.A.
Thomas L. Handley, F.S.A.
Anthony G. Proulx, F.S.A.
Karen E. Elsom, F.S.A.

London / Kansas City Roger K. Annin, F.S.A. Timothy A. DeMars, F.S.A. Scott E. Morrow, F.S.A.

Jill J. Humes, F.S.A.

May 19, 2010

Re: Filing Authorization

T. Allen Park & Associates, Inc. 9441 LBJ Freeway, Suite 102

Dallas, TX 75074

Re: American Home Life Insurance Company

To Whom It May Concern:

I hereby authorize Suzanne Heasley and Vicki Rowe to submit state filings of insurance forms/rates/products on behalf of Lewis & Ellis, Inc. regarding the American Home Life Insurance Company.

This authorization includes the power to provide necessary assurances and certifications related to such forms, rates and or products except as prohibited by law.

This authorization is to be effective until revoked in writing by an authorized representative of Lewis & Ellis, Inc.

S. Scott Gibson, FSA, MAAA

Vice President & Principal

Lewis & Ellis, Inc.



# T. ALLEN PARK & ASSOCIATES, INC.

2325 Havard Oak Drive Plano, TX 75074 (972) 398-3733 Uheas@aol.com

June 20, 2010

Arkansas Department of Insurance

RE: American Home Life Insurance Company NAIC # 83860

208-2-10 Increasing Death Benefit Life Insurance Policy

ARK-NOT Complaint Notice

Dear Sir or Madam:

This filing is being submitted on behalf of American Home Life Insurance Company. The above referenced forms are submitted for your review and approval. These forms are new and are not intended to replace any previously approved forms.

Form 208-2-10 is an increasing death benefit life insurance policy with premium payments payable during different periods – 5 years, 10 years, to age 65 and during the insured's lifetime. As we discussed, the various schedules are being submitted via SERFF under separate documents.

Form ARK-NOT is the required complaint notice.

When approved, these forms will be used with application form A105.24 approved by your office on April 10, 2008.

The readability score for the policy is 54.0.

Should you have any questions or need additional information, please do not hesitate to call me at (972) 398-3733.

Sincerely,

Suzanne Heasley, FLMI, CLU

Luanne Hasley

Legal Assistant and Compliance Specialist